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NO. 386

P. 1

SSY-104-B

DEC 07 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Michael R. Bonner, William A. Cline  
Serial No.: 10/540,542  
Filing Date: June 24, 2005  
Art Unit/Examiner unknown/unknown

CERTIFICATION OF FACSIMILE TRANSMISSION

Sir:

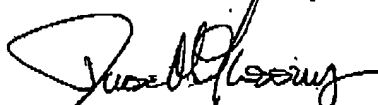
Transmitted with this document are two Revocations of Power of Attorney with New Power of Attorney and Change of Correspondence Address in the above-identified application.

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I hereby certify that this correspondence was transmitted via Facsimile to (571)273-8300 on December 6, 2005.

Respectfully submitted,

YOUNG & BASILE, P.C.



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Dated: December 7, 2005  
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YOUNG & BASILE

DEC 07 2005

NO. 386

P. 2

PTO/SB/82 (04-05)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/540,542
Filing Date	24 June 2005
First Named Inventor	Michael A. Bonner
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	48156-0044 55Y-104-B

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 32299

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

48980

OR

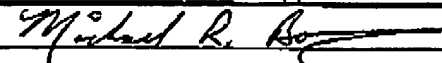
<input checked="" type="checkbox"/> Firm or Individual Name	Young & Basile, PC			
Address	3001 West Big Beaver Rd. Suite 624			
City	Troy	State	Michigan	Zip 48084
Country	US			
Telephone	248.649.3333	Email		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Michael A. Bonner		
Date	11/22/05	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DEC 07 2005

PTO/SB/82 (04-05)

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**REVOCATION OF POWER OF  
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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/540,542
Filing Date	24 June 2005
First Named Inventor	Michael A. Bonner
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	48150-0011 554-104-B

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 32299☒ Please change the correspondence address for the above-identified application to:☒ The address associated with  
Customer Number:

48980

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Young & Basile, PC				
Address	3001 West Big Beaver Rd. Suite 624				
City	Troy	State	Michigan	Zip	48064
Country	US				
Telephone	248.649.3333	Email			

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>William A. Cline</i>		
Name	William A. Cline		
Date	11-2-05	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

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